



GUILFORD COUNTY
EMERGENCY SERVICES

December 15, 1992

John Pye
Old Dominion Freight Lines
Greensboro, NC 27406

Dear Mr. Pye:

This letter is to acknowledge your Notification of Tank Closure as received December 15, 1992 and filed as "Old Dominion Freight Lines-Regust". All future correspondence must contain the file name as well as address and county in the subject to ensure its receipt into our filing system.

The results of the required assessment (NCAC Title 15A Subchapter 2N Section .0803 and 40 CFR Part 280.72) should be submitted to this office no later than thirty (30) days after the tank is closed. If there is evidence of a release or suspected release, it must be reported within twenty-four (24) hours.

Also, please remember that to permanently close a tank, owners and operators must clean it by removing all liquids and accumulated sludges as required under 15A 2N .0802 and 40 CFR 280.71 and 280.72.

We will be conducting random site visits to ensure that underground storage tank closures are conducted as required in 15A 2N .0802 and .0803 and 40 CFR 280.71 and 280.72. Any violations documented may be submitted for enforcement action.

Enclosed is an attachment that is to be used for the information required for closure assessment. You may contact me at the letterhead address or (919) 373-7565 if you have any questions concerning these requirements.

Sincerely,

Kelly C. Gage
Toxic and Health Hazard Specialist

cc:WSRO
Four Seasons Industrial Services

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNERS COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number 1000

Date Received

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Page 1 of 2

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Old Dominion Freight Line
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 4715 Evans Town Road
County: Guilford County
City: Greensboro State: NC Zip Code: 27406
Tele. No. (Area Code): (919) 855-6990

II. LOCATION OF TANK(S)

Facility Name or Company: SAME
Facility ID # (if available):
Street Address or State Road:
County: City: Zip Code:
Tele. No. (Area Code):

III. CONTACT PERSON

Name: John Pye Job Title: Mgr Maint. Svcs Telephone Number: (919) 855-6990

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

- Contact Local Fire Marshall.
- Plan the entire closure event.
- Conduct Site Soil Assessments.
- If Removing Tanks or Closing in Place refer to API Publications, 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
- Provide a sketch locating piping, tanks and soil sampling locations.
- Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
- Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: FOUR SEASONS INDUSTRIAL SERVICES, INC.
Address: P O BOX 16590 State: GREENSBORO, NC Zip Code: 27416-0590
Contact: MICHAEL G. STONEMAN Phone: (919) 273-2718

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment in Place	New Contents Stored
<u>1</u>	<u>20,000</u>	<u>Diesel Fuel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>20,000</u>	<u>Diesel Fuel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>3</u>	<u>15,000</u>	<u>Diesel Fuel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>4</u>	<u>15,000</u>	<u>Antifreeze</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>5</u>	<u>10,000</u>	<u>New Motor Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>6</u>	<u>8,000</u>	<u>#2 Fuel Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>7</u>	<u>4,000</u>	<u>Gear Lube</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>8</u>	<u>4,000</u>	<u>Gear Lube</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

MICHAEL G. STONEMAN (CORPORATE UST PROGRAM MANAGER)

*Scheduled Removal Date: 1-18-93

Signature: Michael G. Stoneman - FSIS1

Date Submitted: 12-10-92

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

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State Use Only
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Date Received _____

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County: _____ City: _____ Zip Code: _____
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III. CONTACT PERSON

Name: John Pye Job Title: Mgr Maintenance Telephone Number: (919) 855-6990

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			CLOSURE	CHANGE-IN-SERVICE	
			Removal	Abandonment In Place	New Contents Stored
<u>9</u>	<u>4,000</u>	<u>Waste Oil 2 (2K)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>10</u>	<u>4,000</u>	<u>Waste Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>11</u>	<u>4,000</u>	<u>Antifreeze</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>12</u>	<u>550</u>	<u>Waste Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>13</u>	<u>550</u>	<u>Waste Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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Print name and official title

MICHAEL G. STONEMAN (CORPORATE UST PROGRAM MANAGER)

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